

Center Park Transportation (CPT) Registration**Accessible Services:** EXC-TR-1240, 821 Second Avenue, Suite 1240, Seattle, WA 98104-1598

You can return completed registration form in the business reply envelope or fax to 206-205-6490.

Questions? Call 206-263-3113.

Complete all sections of this form and retain a copy for your records.**Please print clearly and legibly. Incomplete or illegible registration forms are returned.****Rider Information:****Regional Reduced Fare Permit ID#:** _____ ☐ N/A

Last Name _____ First _____ Initial _____

Residence Address 2121 26th Ave S Apt# _____City Seattle State WA ZIP 98144

Phone (____) _____ - _____ Cell (____) _____ - _____

TTY (____) _____ - _____ ☐ I use ASL ☐ I use Tactile ASLDate of Birth ____/____/____ ☐ Male ☐ Female Email: _____Do you speak English? ☐ Yes ☐ No – Language _____ ☐ non-verbal

Mailing Name (If different from rider) _____

Mailing Address (If different) _____ Apt# _____

City _____ State _____ ZIP _____

Phone (____) _____ - _____ Cell (____) _____ - _____

Please send any future communications in these alternate formats (Select one only):

☐ Large Print ☐ Braille ☐ Audio Tape ☐ Computer Disk (CD)**Legal Guardianship and Power of Attorney:**

Does someone have legal guardianship or Power of Attorney for this rider?

☐ No ☐ Yes – send copy with registration form and complete the section below.

Legal Guardian Printed Name _____

Relationship to Rider _____

Address _____

City _____ State _____ ZIP _____

Phone (____) _____ - _____ Cell (____) _____ - _____

Email _____

Telephone Contact other than Rider:

Used by Dispatch to notify if van is running late, if there is an incident on the van, or in case of an emergency.

Name _____ Relationship _____

Daytime Phone (____) _____ - _____

Evening Phone (____) _____ - _____

(Complete page 2 on back)

Travel and Mobility Aid Information:

1. How do you travel now? Check all that apply.

- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> walk | <input type="checkbox"/> drive a car | <input type="checkbox"/> Metro bus | <input type="checkbox"/> Access van |
| <input type="checkbox"/> taxi | <input type="checkbox"/> ride in car | <input type="checkbox"/> Center Park Bus | <input type="checkbox"/> DSHS (Hopelink) |
| <input type="checkbox"/> other _____ | | | |

2. Which of these mobility aids do you have? Check all that apply.

- | | | | |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> none | <input type="checkbox"/> walker-folding | <input type="checkbox"/> manual wheelchair* | Other Aids:
<input type="checkbox"/> portable oxygen
<input type="checkbox"/> service animal |
| <input type="checkbox"/> cane | <input type="checkbox"/> walker-non-folding | <input type="checkbox"/> power wheelchair* | |
| <input type="checkbox"/> white cane | <input type="checkbox"/> walker-with seat | <input type="checkbox"/> powered scooter/cart* | |
| <input type="checkbox"/> other _____ | | | |

*2A. If one of these mobility aids is checked above:

- manual wheelchair
- power wheelchair
- powered scooter/cart

Please complete the following:

Access vans can transport mobility aids which are:

- 32 inches or less at the widest
- 52 inches or less at the longest
- 800 pounds or less with applicant sitting in it (Access lifts hold up to 800 lbs.)

Does your mobility aid fall within this definition?

- ☐ Yes
- ☐ I'm not sure
- ☐ No. Please explain _____

Health Condition Information:

Please indicate if any of the conditions below that affect your ability to travel.

1. Vision conditions: ☐ none Right eye Left eye
☐ partial vision ☐ ☐
☐ blind ☐ ☐

☐ other _____

2. Hearing conditions: ☐ none Right ear Left ear
☐ partial hearing ☐ ☐
☐ deaf ☐ ☐

☐ other _____

3. Developmental or mental conditions: ☐ none
☐ developmental disability from birth ☐ Down syndrome ☐ autism
☐ mild ☐ mood disorder
☐ moderate ☐ psychosis
☐ severe ☐ thought disorder

☐ other _____

4. Is your disability temporary?

- ☐ Yes, I expect it to last _____ months.
☐ No, it's permanent.
☐ I don't know.

Diagnosed Disability:

Indicate and describe your specific diagnosed disability:

☐ I do not have a diagnosed disability

- ☐ I can...self-supervise my daily activities
☐ I cannot...self-supervise my daily activities

(Complete page 4 on back)

Do Not Detach. Unsigned registration forms are returned.

Rider & Guardian Signature Section:

I certify under penalty of perjury (RCW 9A.72.030) that the information provided on this registration is true and correct to the best of my knowledge. I understand that falsification of information may result in denial of service and criminal penalty. I understand the information I provided on this registration will be disclosed to others as necessary to provide Center Park Transportation services; and as may otherwise be required by law. I understand that King County may contact the person completing the attached registration form in order to confirm the provided information. **I understand this is a request for Center Park Transportation ONLY and does not qualify me for King County Metro's Americans with Disabilities Act (ADA) van program, Access Transportation.**

I understand and agree that King County may refer me for an independent in-person evaluation if necessary to determine or confirm the information on this registration form. I understand there is no cost for the evaluation and King County Metro will provide transportation to the evaluation if needed.

Rider Name _____

Rider Signature _____ Date ____/____/____

If person completing registration form is someone other than rider

THEN

Check one item and sign below

OR

If rider is under age 18,

A parent or legal representative must check one item and sign below

- ☐ I certify under penalty of perjury (see above) that the information provided in this registration form is true and correct based upon my own knowledge of the rider's health condition or disability.
- ☐ I certify under penalty of perjury (see above) that the information provided in this registration form is true and correct, based upon information given me by the rider.
- ☐ I certify under penalty of perjury (see above) that I have the legal authority to complete this registration form on behalf of the rider or that I have the rider's permission. A copy of the power of attorney or other authorizing document is attached.

Signature: _____

Printed Name: _____ Phone (____ __) ____ - ____

Relationship to Rider _____ Date ____/____/____

Address _____

City _____ State _____ ZIP _____

Email _____